

Colonial Heights Public Schools Pre-Kindergarten Program for Four Year Old Children



Colonial Heights Public Schools is pleased to offer a Pre-Kindergarten program for four year old children. The goal of the program is to provide a healthy learning environment for children who may experience factors that place them at risk for poor school performance. Selection of students will be based on student & family needs according to program guidelines for the Virginia Preschool Initiative. Enrollment priority will be given to children with the greatest number of factors that may impact their learning. Factors considered include but are not limited to:

- Income level of the parent/legal guardian
- Education level of the parents
- Child characteristics
- Family stress
- English as a second language

One class will be housed at Lakeview Elementary School, 401 Taswell Avenue, and the other at North Elementary School, 3201 Dale Avenue. These programs will serve children from each of the three elementary school attendance zones and will operate on the same calendar and school schedule as the elementary schools. Each class will be limited to 18 students. Children residing in Lakeview and North attendance zones will be placed in their home elementary school as program space allows.

This is not a first-come, first-served program. To be eligible for the program, children must be legal residents of Colonial Heights and be four years of age by **September 30, 2017**. **Applications must be filled out completely. Proof of residency and financial information must be attached in order for the applicant to be considered for the program.** Families will be required to attend meetings and field trips with their child in this program.

For additional information please contact the Colonial Heights School Administration Offices at 804-524-3400, ext. 14 or ext. 11.

Applications are available at all elementary schools: Lakeview, North, Tussing, and the School Administration Offices at 512 Boulevard or online at www.colonialhts.net. Applications should be returned to any elementary school or the School Administration Offices. Deadline for returning applications is **April 28, 2017**.

Colonial Heights Public Schools Pre-Kindergarten Program for Four Year Old Children APPLICATION 2017 – 2018 School Year

Colonial Heights Public Schools provides a Pre-Kindergarten program for four year old children. The goal of the program is to provide a healthy learning environment that addresses the needs of those children whose social or economic conditions may place them at risk for poor school performance. Children are selected for this program based on guidelines developed by the Virginia Preschool Initiative. Priority is given to children with the greatest number of factors impacting their environment. This is not a first-come, first-served program. Children must live in the city of Colonial Heights, be four years of age by September 30th of the enrollment year, and be toilet trained in order to be eligible for the program.

A COPY OF YOUR DEED OR LEASE, PLUS PROOF OF INCOME (2016 FEDERAL TAX RETURN) MUST BE ATTACHED. THIS APPLICATION MUST BE **COMPLETELY** FILLED OUT IN ORDER TO BE CONSIDERED FOR THE PROGRAM.

Please print clearly:

Child's Name: _____ Nickname: _____

Sex: _____ Age: _____ Birth Date (month/day/year) _____

Street Address: _____ Phone # _____

This residence is owned by: _____ Child's Parent _____ Child's Grandparent _____ Landlord (apartment or house)
_____ Other: please specify _____

Mother/Guardian: _____ Marital Status: _____ married _____ single

Home Address: _____ Phone # _____

Place of Employment: _____ Phone # _____

Yearly Income (*before taxes*): _____ **Attach a copy of your 2016 Federal tax return.**

Father/Guardian: _____ Marital Status: _____ married _____ single

Home Address: _____ Phone # _____

Place of Employment: _____ Phone # _____

Yearly Income (*before taxes*): _____ **Attach a copy of your 2016 Federal tax return.**

If military, is a parent presently deployed or scheduled for deployment this year? _____ Yes _____ No

Does the child live with someone other than a parent? _____ Yes _____ No

If yes, please indicate relationship: _____ Do you have legal custody? _____ Yes _____ No

Additional Income for child or family

Amount currently receiving

<input type="checkbox"/> Housing Allowance	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Disability	_____
<input type="checkbox"/> Contributions from others	_____
<input type="checkbox"/> Medicaid	_____
<input type="checkbox"/> AFDC or SSI (monthly check from Social Services)	_____
<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/> Other	_____

INFORMATION FOR BOTH PARENTS IS REQUIRED

Circle highest grade completed:

Mother:	did not finish high school	GED	high school diploma	some college	college degree
Father:	did not finish high school	GED	high school diploma	some college	college degree

Is either the mother or father currently incarcerated? _____

Please list **EVERYONE LIVING IN THE HOME** in the space below:

NAME	AGE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who cares for your child during the day: _____parent _____grandparent _____day care _____other

Please **circle** the name of your home elementary school: LAKEVIEW NORTH TUSSING

Has your child been tested or does he/she receive services for special needs? _____ Yes _____ No

If yes, please explain: _____

Dates and location of services or testing: _____

REMINDER: This is **NOT** a first-come, first-served program. Applications will be screened to determine eligibility. False information on the application will be cause for the child/student to be removed from the program. Parents will be notified regarding the status of their child's application.

.....

For additional information please call: Doris Swearingen
 Instructional Secretary
 524-3400, ext. 11

Child's Developmental History
PLEASE PRINT CLEARLY

Child's Name _____

1. How much did your child weigh at birth? _____

2. Do you have concerns about language development? _____ Yes _____ No

If so, please explain _____

3. Does your child have any hearing or vision problems? _____ Yes _____ No

If yes, please give details _____

4. Do you have any concerns about your child's physical development? _____ Yes _____ No

(examples: walking late, balance or coordination problems)
If yes, please give details _____

5. Do you have any concerns about your child's social/emotional development? _____ Yes _____ No

If yes, please explain _____

6. How does you child interact or play with other children of similar age? _____

7. Has your child had any serious illness, allergies, surgery, or major accident? _____ Yes _____ No

If yes, please explain _____

8. Is your child completely toilet trained? _____ Yes _____ No

9. Does your child speak English? _____ Yes _____ No

Does your child speak a language other than English? _____ Yes _____ No
If yes, please indicate languages spoken _____
What language is primarily spoken in the home? _____

10. Please explain why you want your child to attend the Pre-Kindergarten Program. _____

11. Is there anything else about your child that you would like us to know when evaluating this application? _____

This application has been completed by _____

RETURN THIS APPLICATION, A COPY OF YOUR DEED OR LEASE, AND A COPY OF YOUR 2016 FEDERAL TAX RETURN TO YOUR HOME ELEMENTARY SCHOOL: LAKEVIEW, NORTH, TUSSING OR THE COLONIAL HEIGHTS PUBLIC SCHOOL ADMINISTRATION OFFICES. NO LATER THAN APRIL 28, 2017.